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To: U.S. Patent & Trademark Office	From: Ronald E. Smith
Attn: Technology Center 2600	Client: 1602.01
Fax: (703) 872-9314	Pages: 7 including coversheet
Phone:	Date: October 11, 2004
Re: USSN: 10/718,484	CC: Dr. Dirk L. Basting

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To Whom It May Concern:

Enclosed please find the following:

1. Preliminary Amendment Transmittal with Certificate of Facsimile under 37 CFR 1.8(a) dated October 11, 2004 – (2 pages); and
2. Preliminary Amendment – (4 pages).

Best regards,

*R. E. Smith*

Ronald E. Smith  
Reg. No. 28,761

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**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Application No. : 10/718,484 Confirmation No. 8434  
Applicants: : Dirk L. Basting et al.  
Filed: : 11/20/2003  
TC/A.U. : 2612  
Examiner : Unassigned  
Docket No. : 1602.01  
Customer No. : 21,901  
For : Determination and Correction for Laser Induced CCD Camera Degradation

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Faxed to Technology Center 2600 at (703) 872-9314  
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**PRELIMINARY AMENDMENT TRANSMITTAL**

1. Transmitted herewith is a preliminary amendment for this application.

**STATUS**

2. Applicants are independent inventors.

**EXTENSION OF TERM**

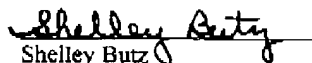
3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

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**CERTIFICATE OF FACSIMILE TRANSMISSION**  
(37 C.F.R. 1.8(a))

I HEREBY CERTIFY that this Preliminary Amendment, including Amendments to the Claims, and Remarks, is being transmitted by facsimile to the United States Patent and Trademark Office, Technology Center 2600, (703) 872-9314 on October 11, 2004.

Dated: October 11, 2004

  
Shelley Butz

(Amendment Transmittal—page 1)

**FEE FOR CLAIMS**

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

	(Col.1) Claims Remaining After Amendment		(Col. 2) Highest No. Previously Paid For	(Col. 3) SMALL ENTITY Present Extra	Rate	Addit. Fee
Total	5	Minus	20	= 0	x \$9 =	\$0
Indep.	2	Minus	3	= 0	x \$43 =	\$0
First Presentation of Multiple Dependent Claim					+ \$145 =	\$0
Total						Addit. Fee \$0

\* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

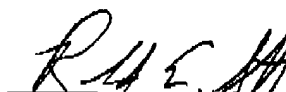
\*\* If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 1) is less than 20, enter "20".

\*\*\* If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 2) is less than 3, enter "3".

The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

No additional fee for claims is required.

Very respectfully,



**SIGNATURE OF PRACTITIONER**

Reg. No. 28,761  
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Ronald E. Smith  
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(Amendment Transmittal--page 2)

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